



## COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION

### ADMINISTRATIVE SIGN REVIEW

Sign controls serve to preserve and enhance the aesthetic, traffic safety, economic, and environmental values of Riverside's neighborhoods and commercial/industrial areas, while at the same time provide channels of communication to the public. Sign Regulations in the City's Zoning Code (Title 19 of the Riverside Municipal Code) and the City's Sign Design Guidelines work together to safeguard and preserve property values and public health and welfare through prohibiting, regulating, and controlling the type, design, location, and maintenance of signs.

In addition to the standards found in the Zoning Code, the City's Sign Design Guidelines provide good examples of techniques that should be used to meet the City's expectations for high quality business signage. The sign applicant should carefully consider each guideline that applies and demonstrate a recognition of the Guideline's intent.

#### APPLICATION PROCESSING

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Refer to the flow chart form found in Article IX of the Zoning Code, Chapter 19.710.080 – Design Review Process #1.

#### PLANNING FEES

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**See current Fee Schedule (FILING FEES ARE GENERALLY NOT REFUNDABLE):** *In addition to the Planning Fees, a separate Sign Permit Fee will be required when the permit is issued. Please contact the Building Division to determine that fee.*

#### REQUIRED ITEMS FOR FILING

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*Indicate scale on all drawings. Clearly label all photographs.*

- ☐ One (1) copy of Administrative Sign Review Application.
- ☐ Three (3) sets (one set in color) of fully dimensioned, scaled drawings of Sign Design specifications for all dimensions, colors and materials of each sign (1" equals 1' scale). For more than one sign provide a designator (SIGN "1", SIGN "2", etc.).
  - For painted, fabric or other types of signs, attach samples of proposed colors.
  - For lighted signs, specify the means and intensity of illumination. Show the design of exposed fixtures.
  - For plexiglass signs, specify the manufacturer's color numbers.
- ☐ Three (3) sets (one set in color) of fully dimensioned, scaled drawings of building elevations for building signs, with an elevation of each building side showing existing and proposed signs. Include building or individual lease space width.

## ADMINISTRATIVE SIGN REVIEW

- ☐ Three (3) sets (one set in color) of fully dimensioned, scaled drawings of plot plan showing all buildings and site improvements. Indicate all existing and proposed freestanding and building signs.
- ☐ Three (3) sets (one set in color) of fully dimensioned, scaled drawings of structural/ electrical details showing compliance with Uniform Building Code standards (footings, fasteners, structural reinforcement, etc.) and Uniform Electrical Code requirements, if necessary.
- ☐ One (1) photograph of building façade showing each side of the building where signs are proposed.
- ☐ One (1) photograph showing the location on the site where any freestanding signs are proposed.
- ☐ One (1) photograph showing the "big picture" of your business in relation to adjacent businesses.

3900 Main Street – Third Floor, Riverside, CA 92522  
Phone: (951) 826-5371 / Fax: (951) 826-5981  
[www.riversideca.gov/planning](http://www.riversideca.gov/planning)



# COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION

## ADMINISTRATIVE SIGN REVIEW APPLICATION

### PROJECT INFORMATION

SITE ADDRESS: \_\_\_\_\_

SITE PARCEL NUMBER: \_\_\_\_\_

TEXT ON SIGN: \_\_\_\_\_

<input checked="" type="checkbox"/> CHECK APPROPRIATE BOX	NUMBER OF SIGNS	SQUARE FOOTAGE OF SIGN(S)
<input type="checkbox"/> MONUMENT/ FREESTANDING	_____	_____
<input type="checkbox"/> BUILDING	_____	_____
<input type="checkbox"/> OTHER: _____	_____	_____
<b>TOTAL:</b>	_____	_____
DOES SIGN MEET CRITERIA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### APPLICANT INFORMATION

CONTACT NAME: \_\_\_\_\_

COMPANY/ SIGN COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME TELEPHONE: (    ) \_\_\_\_\_ FACSIMILE: (    ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### BUSINESS/ PROPERTY OWNER INFORMATION

LEGAL PROPERTY OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME TELEPHONE: (    ) \_\_\_\_\_ FACSIMILE: (    ) \_\_\_\_\_

\_\_\_\_\_  
OWNER / AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
APPLICANT SIGNATURE & DATE

# ADMINISTRATIVE SIGN REVIEW APPLICATION

## STAFF USE

PLANNER'S INITIALS: \_\_\_\_\_

SUBMITTAL DATE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

FEES (AMOUNT PAID): \_\_\_\_\_

COMMENTS:

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